

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Maryland USA			FEC IDENTIFICATION NUMBER ▼ C C00581777		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee 406 Enterprises LLC			Date of Public Distribution/Dissemination 10 / 03 / 2016		
Mailing Address PO Box 75727			Amount 7500.00		
City Washington		State DC	Zip Code 20013		Transaction ID : SE.4342
Purpose of Expenditure Digital advertising (placement cost)		Category/Type 004		Date of Disbursement or Obligation 10 / 03 / 2016	
Name of Federal Candidate HOEBER, AMIE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: MD		
Calendar Year-To-Date Per Election for Office Sought 987266.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Pound, Feinstein & Associates			Date of Public Distribution/Dissemination 10 / 03 / 2016		
Mailing Address 5614 Connecticut Ave., NW Suite 270			Amount 3475.00		
City Washington		State DC	Zip Code 20015		Transaction ID : SE.4343
Purpose of Expenditure Digital advertising (production cost)		Category/Type 004		Date of Disbursement or Obligation 10 / 03 / 2016	
Name of Federal Candidate HOEBER, AMIE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: MD		
Calendar Year-To-Date Per Election for Office Sought 990741.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			10975.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Riter, Joel, , , Signature			[Electronically Filed] Date 10 / 05 / 2016		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Maryland USA		FEC IDENTIFICATION NUMBER ▼ C C00581777	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Red Maverick Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 403 N. Second St. Fl. 2		Amount 27835.00	
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SE.4340
Purpose of Expenditure Direct mail	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate HOEBER, AMIE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Red Maverick Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 403 N. Second St. Fl. 2		Amount 35745.00	
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SE.4341
Purpose of Expenditure Direct mail	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016	
Name of Federal Candidate DELANEY, JOHN K, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	63580.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	74555.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Riter, Joel, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature